



Montgomery County Fire and Rescue Service Local Emergency Planning Council

Emergency Management • 100 Maryland Avenue, Room 220 • Rockville, MD 20850 • 240/777-2300, Hotline: 240/777-2341

In January 1994, the County Council adopted Montgomery County Executive Regulation 19-93 AM, which amends the previous 1991 regulation under the Fire Code. This regulation requires businesses with specified quantities of hazardous substances to report those items to this office and pay a fee (Governmental agencies are required to complete all documents, but are exempt from fees).

Enclosed you will find a copy of Executive Regulation 19-93 AM, an application for a Hazardous Materials Use Certificate, and a set of instructions for completing the forms. Please take time to read the instructions, and then fill out the enclosed forms. Submit the completed forms along with the appropriate fee to Emergency Management at the address shown above.

Make checks payable to "Montgomery County". Please note that there are different filing categories, depending upon the maximum aggregate quantities on hand at any time.

Your cooperation and support in completing the application and submitting the required information significantly contribute to our ability to plan for and respond effectively to hazardous materials incidents. The information about your facility will enable us to provide an enhanced level of protection to you and your business, to our emergency responders, and to the community at large.

Should you have any questions concerning your application, please contact Barbara Moore, Permit Technician, in Emergency Management at (240) 777-2327 or (240) 777-2300.

THE APPLICATION AND FEE MUST BE RECEIVED BY _____

Sincerely,


Kathleen Henning
Program Coordinator

Enclosures





Montgomery County Department of Fire and Rescue Services Local Emergency Planning Council

Emergency Management • 100 Maryland Avenue • Room 121 • Rockville, Maryland 20850 • (301) 217-2470

--

Office Use Only SEP

INITIAL APPLICATION FOR A HAZARDOUS MATERIALS USE CERTIFICATE

Application is hereby submitted for the following operation:

- ☐ Light Use Facility Certificate (**inventory required**)
- ☐ General Use Facility Certificate (facility diagram/inventory required)
- ☐ High Use Facility Certificate (facility diagram/inventory required)
- ☐ SARA Use Facility Certificate (facility diagram/inventory/Tier II required)

FACILITY INFORMATION

Facility Name	
Facility Address	
Cross Street	
Number of Employees	

24-HOUR EMERGENCY TELEPHONE NUMBER	
------------------------------------	--

CORPORATE RESPONSIBLE OFFICER (CRO)	
Full Name	
Business Address	
Daytime Telephone	
Nighttime Telephone	

BUSINESS/CORPORATE INFORMATION	
Full Legal Name	
Common Name	
Name or Owner or CEO	
Headquarter's Address	
Employer's Identification Number	
Standard Industry Code	

FACILITY EMERGENCY COORDINATOR (FEC)	
Name	
Corporate Title	
Business Address	
Daytime Telephone	
Nighttime Telephone	
Pager Number	
FAX Number	

YES NO

- ☐ ☐ A facility diagram has been submitted as required.
- ☐ ☐ A chemical inventory has been submitted as required.
- ☐ ☐ A Tier II inventory form has been submitted per instructions.

HAZARDOUS MATERIALS INFORMATION

Location of Material Safety Data Sheets (MSDS) _____

EVACUATION PLAN

In the event of an accidental spill, release or fire, the FEC must notify employees, other occupants of the building, the adjacent community, and appropriate authorities. Ensure that your business has an emergency evacuation procedure which covers notification of the above.

CORPORATE RESPONSIBLE OFFICER CERTIFICATION

I hereby certify that as the Corporate Responsible Officer I will be responsible for ensuring compliance with the applicable federal, state, and local hazardous or toxic substance control laws and regulations. I also certify that the information on this application is correct and complete.

CRO Signature

Date

FACILITY STREET ADDRESS	
-------------------------	--

OFFICIAL USE ONLY

- ☐ Supplemental Requirements Filed.
- ☐ Reviewed by: _____ Date: _____
- ☐ Reviewed by: _____ Date: _____
- ☐ APPROVED _____ Date: _____
- ☐ Certificate Issued. Date: _____ No.: _____ Exp. Date: _____
- ☐ Fee Amount: _____ Receipt No.: _____ Date: _____
- Fee Amount: _____ Receipt No.: _____ Date: _____
- ☐ Data Entry (Partial) Date: _____
- ☐ Data Entry (Complete) Date: _____